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IMPORTANT NOTICE
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TO: U.S. Patent and Trademark Office
Examiner: Rachel S. Dicht
Art Unit: 2853

DATE: August 23, 2005

FROM: Lawrence J. McClure

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 10

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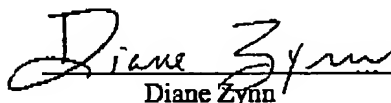
MESSAGE:

RE: U.S. Patent Application Serial No.:10/722,157; Our Ref. 81863.0024

I hereby certify that the following documents:

- Response to Restriction Requirement and Amendment
- Amendment Transmittal Letter
- are being facsimile transmitted to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

August 23, 2005


Diane Zynn

TELECOPY/FAX NUMBER: (571) 273-8300 Art Unit 2853

CLIENT NUMBER: 81863.0024

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (please return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 81863.0024

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Shuzo IWASHITA, et al.

Serial No: 10/722,157

Filed: November 25, 2003

For: PIEZOELECTRIC CERAMICS AND METHOD OF MANUFACTURING THE SAME, ACTUATOR AND METHOD OF MANUFACTURING THE SAME, PRINTING HEAD AND INK JET PRINTER

Art Unit: 2853

Examiner: Rachel S. Dicht

I hereby certify that this correspondence is being transmitted via facsimile to (571)273-8300:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

August 23, 2005

Date of Deposit

Diane Zynn

Name

Signature

08/23/05

Date

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	30	-	30	0	LG=\$50 SM=\$25	\$0
INDEPENDENT CLAIMS FEE	5	-	5	0	LG=\$200 SM=\$100	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$0
Independent Claim: 1, 6, 17, 20, and 28					TOTAL	\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the fee of \$___ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☐ Please charge the fee of \$___ for the ___ extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: August 23, 2005

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WLA - 81863/0024 - 244588 v1

Appl. No. 10/722,157
Amdt. Dated August 23, 2005
Reply to Office Action of July 29, 2005

Attorney Docket No. 81863.0024
Customer No.: 26021

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Date of Deposit

Diane Zynn

Name

Signature

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Date

**RESPONSE TO RESTRICTION
REQUIREMENT AND AMENDMENT**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement dated July 29, 2005, please enter
and consider the following response, and amendments and remarks:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.